



Exhibit C
page 1 of 1

7000 0520 0025 5893 8376

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

Postage	\$
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	3.20
Total Postage & Fees	\$ 4.40

8/15/01

Postmark
Here

Recipient's Name (Please Print Clearly) (To be completed by mailer)
Kelvin Moeller
Street, Apt. No.; or PO Box No.
7475 E. Jackrabbit
City, State, ZIP+4
Paradise Valley, AZ 85250
PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Kelvin Moeller
7475 E. Jackrabbit
Paradise Valley, AZ
85250

2. Article Number (Copy from service label)

7000 0520 0025 5893 8376

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

K Moeller

8-20

C. Signature

X [Signature]

☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

RECEIVED

OCT 03 2001

OFFICE OF PETITIONS
DEPUTY A/C PATENTS